



Cibolo Police Department Release of Liability



I, the undersigned parent or legal guardian, certify that my child is at least (9) years old. I understand that falsification of any information on this form may disqualify my child from the program.

RELEASE OF LIABILITY AND INDEMNITY:

I, the undersigned, certify that I have the legal authority to execute this release on behalf of my child, named below.

In consideration for the acceptance of my child's registration in the Junior Police Academy, I, the undersigned, binding my heirs, executors, administrators and assigns, do hereby release and agree not to hold liable, the City of Cibolo, its elected officials, officers, agents and employees from any and all action, claim, demand, or damage arising from or resulting from property damage, personal injuries or death sustained by my child or my property while my child participates in the Cibolo Police Department Junior Police Academy. I further agree, binding my heirs, executors, administrators and assign, to indemnify, hold and save harmless, City of Cibolo, its elected officials, agents, officers and employees from any liability, actions, claims, damages, awards or judgments incurred or suffered by the City or individuals as a result of any act or omission by my child, or caused in part by a person indemnified hereunder. **Initial:** _____

I assume complete and full responsibility for any injury that may occur to my child and/or intentionally caused by my child. In case of accident or illness, the adult in charge, at his/her discretion has my permission to take my child to a physician and/or hospital. I fully understand that I will be liable for all cost(s) incurred. **Initial:** _____

GUADALUPE COUNTY JAIL TOUR RELEASE OF LIABILITY:

I, the undersigned, grant permission for my child to participate in the Guadalupe County Jail tour.

I certify that I will not hold the County of Guadalupe or the Guadalupe County Sheriff's Office, any of its elected officials, officers, agents and employees, legally or financially responsible for any injuries or accidents that occur during the scheduled tour. **Initial:** _____

PERMISSION TO ATTEND:

By signing this document I acknowledge that I have given my authorization for my child to attend the Junior Police Academy and travel to Seguin, Texas to tour the Guadalupe County Sheriff's Office. **Initial:** _____

PERMISSION TO PHOTOGRAPH:

As part of the Junior Police Academy, photos will be taken to be placed in local newspapers, social media, the city website and promotional material. There may also be media coverage of the academy as well as video to be used by the Police Department. I authorize the photograph of my child for this purpose. **Initial:** _____

Child's Name: _____ Date of Birth: _____

Printed Name of Parent or Guardian: _____ Date of Birth: _____

Parent or Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please return this form to the Cibolo Police Department attention Officer Schima at 162 Loop 539 East or P.O. Box 826, Cibolo, TX 78108. (Please print legibly)